



State of Missouri

Matt Blunt, Secretary of State

Commissions

PO Box 784, Jefferson City, MO 65102

Toll-Free (866) 223-6535 or (573) 751-2783

Non-Resident New Application for Commission as a Notary Public

(Application fee \$25)

Print or Type

1. Name _____ Date of Birth (MM/DD/YYYY) _____
(This name must appear as it is signed in #15)

2. Home Address _____

City _____ State _____ Zip Code _____

Daytime Phone Number _____

3. Employer/Name of Business _____

Street _____

City _____ State _____ Zip Code _____

County of Employment (St. Louis City Employers please specify St. Louis City) _____

Check YES or NO for the following questions:

- | | | |
|---|------------------------------|-----------------------------|
| 4. Are you a permanent resident alien?
(Sec. 245, Immigration and Nationality Act, Attach a copy of your green card) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Are you at least eighteen years of age? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Do you work in Missouri? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Will you use the notary seal in the course of your employment in Missouri? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. Do you have a work address in the county within and for which you have applied for a commission? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9. Can you read and write the English language? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10. Have you been refused a commission as a notary public or had a commission revoked?
(If yes, attach a separate letter indicating reason and date.) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 11. Have you been convicted of or pled guilty or nolo contendere to a felony or to any misdemeanor incompatible with the duties of a notary public? (If yes, attach a list of such convictions or pleas of guilty or nolo contendere) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 12. Do you authorize the Secretary of State as your agent and representative to accept service of process or service of any notice or demand required by law to be served upon you? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 13. Have you read the Missouri Notary Public Handbook and become familiar with the laws and duties of a Notary Public? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 14. Have you completed a state-approved notary training? (Attach your certificate of completion.) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

15. NOTARIAL OATH

STATE OF MISSOURI

I, the person named above, do swear or affirm, under penalty of perjury, that the answers to all questions on this application are true and complete to the best of my knowledge and that I am qualified to be appointed and commissioned as a Missouri notary public.

Signature of Applicant (This signature must appear as it is typed or written in #1) (Please include your certificate of state-approved notary training.)

PAYMENT☐ \$25 Check or Money Order Enclosed (Payable to Director of Revenue)Credit Card: ☐ Master Card ☐ Visa ☐ Discover ☐ American Express

NAME AS IT APPEARS ON CREDIT CARD _____

EXPIRATION DATE _____ CARD NUMBER (16 Digits) _____

SIGNATURE _____

Non-Resident New Application Instructions

1. **Name** - You should print or type your name as you want it to appear on your commission certificate. You are required by law to use your full last name, while initials may be used for first and middle names.

Date of Birth - Please provide your birth date in numerals: month/day/year. This is to confirm that applicants are at least eighteen years of age.

2. **Residence Address** - Please provide the address at which you reside. If your mail goes to a post office box, please include a street address after the PO Box number. Also give the city, state and zip code.

Daytime Phone - You are requested to provide a phone number where we can reach you BETWEEN THE HOURS OF 8:00 a.m. and 5:00 p.m., should we need to verify information given on the application in order to prevent the delay of returning the form to you for verification.

Employer - Your employer's name is requested should we need to contact you during working hours. If unemployed, please enter "N/A" or enter "Self-employed" if you own your own business.

Missouri County of Employment – Please indicate the county in which your Missouri employer is located. You will be commissioned for the county in which you are employed, and you may use the notary seal ONLY at your place of employment. If your place of employment is St. Louis City, please enter St. Louis City in the county blank.

- 4-14. **Yes or No** - Please READ CAREFULLY AND ANSWER CORRECTLY the eleven questions listed on this portion of the application.
15. Complete the form by adding your signature in the same name style you indicated in # 1 on the application. We can only accept original signatures - photocopied signatures will be rejected.

Please include your \$25 application fee.

Please include your certificate of state-approved notary training.